



HAWAII STATE ETHICS COMMISSION
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STATE OF HAWAII
STATE ETHICS COMMISSION

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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST				
NAME (Last)		(First)	(Middle)	TELEPHONE
TOGUCHI,		CHARLES,	T.	(808) 239-1271
MAILING ADDRESS (Street)			FAX	
47-640 HUI ULILI ST.			(808) 239-1271	
(City)		(State)	(Zip Code)	
KANEIOHE		HI	96744	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)				TELEPHONE
MAILING ADDRESS (Street)				FAX
(City)		(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Ethanol Research Hawaii LLC / Oahu Ethanol Corporation			548-6500
MAILING ADDRESS (Street)			FAX
735 Bishop Street, Suite 412			548-6510
(City)		(State)	(Zip Code)
Honolulu, Hawaii		96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Sherric Thomas			548-6500
MAILING ADDRESS (Street)			FAX
735 Bishop Street, Suite 412			548-6510
(City)		(State)	(Zip Code)
Honolulu, Hawaii		96813	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input checked="" type="checkbox"/> Agriculture	Education	Human Services	<input checked="" type="checkbox"/> Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
<input checked="" type="checkbox"/> Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	_____

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Charles S. Loquetti
(Signature of Lobbyist)

3-7-06
(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Daniel KenKnight		Manager	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
ETHANOL RESEARCH HAWAII, LLC / Corporation		548-6500	
MAILING ADDRESS (Street)		FAX	
735 Bishop Street Suite 412		548-6510	
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96779	
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.			
<u>Daniel KenKnight</u>		<u>3/13/06</u>	
(Signature of Authorizing Officer or Person Represented)		(Date)	